

OFFICE CANO. 0412186N6

United States District Court
1 Courthouse Way
Boston MA 02210

Christopher Devine

US
Stop & Shop

This is additional information to the court in support of my case to the complaint.

After Fatima Cabral crumpled up the doctors note, it did not allow Fitima who was a manager or Lead clerk to identify a related definition of an ADA disability.

Communication that there was a doctors note never existed to store management. and that Fitima never provided the doctors request to her boss.

She was unaware on how to grant the accommodation and decided to ignore the entire situation and the accommodation request.

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After telling Store management at Fatima's request that I was HIV, Store Management Never engaged in an interactive process under the ADA to make and grant an accommodation request.

If an accommodation request happened I would have been able to do my job on my own with lesser duties.

Instead Fatima provided very little assistance, but was not consistent to an accommodation request, that is consistent.

By my immediate coworkers covering for me never provided me to do my job on my own with lesser duties

Although when I was subjected by no consistency and no assistance

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I was disabled for not completing my assignments on my own, and it led my job performance to suffer which also led me to quit, because at that time I was unable to perform my job tasks and my health suffered.

Its states that my work performance continued to deteriorate and that my job performance should have never suffered and that the employer stop & shop should have conducted an accomidation before performance suffered or while the performance was suffering.

Thank you
Christopher Devine

CA NO 0412186N6

United States District Court

Christopher Devine
Vs
Stop and shop companies

U.S. DISTRICT COURT
JUL 23 2005
JUL 23 2005

Dear Judge Nancy Gertner,

Please except this letter in support of my case.

I don't know how you rule or make judgments on your cases, so I am providing some information for you in support of my case.

I would like for you to know how the HIV infection in my body works.

In my body there is an anti body that is the HIV infection or called a viral load and the HIV spreads through my entire body and eats away at my CD4 count that fights off infection like the flue or any other cold like illness. When someone like me has the flue it takes a long period of time to get rid of because there is not enough cd4 cells to fight off the infection. But with medicine today ~~the~~ and by me taking it, my viral load goes down and can hide while more cd4 cells grow to keep me alive.

With medicine my viral load goes down and my cd4 count goes up. Without the medicine more HIV infection levels goes up and cd4 count levels go down and disappear. Medicine usually costs about \$300 to \$500 a month to keep me alive. Medical insurance is very high with someone that is HIV positive.

During my employment with stop and shop I was first infected in or around June of 2000 and I had mono as well that lasted for 5 to 6 months and had along time to get rid of the mono infection.

I think that it's very important to understand how the HIV infection works and how it can cause weakness, tiredness and functional limitations.

This disability is obvious to other people usually when a job performance suffers and at the same time their health deteriorates because HIV is a physical disability not mental, but some people with HIV illness can get symptoms of a mental disability.

It would be helpful in letting me know how long it will take to get in front of you with the defendant.

Here is an infection disease consultation and I can provide any other medical records for you in support of my case.

Thank you
Christopher Devine

CAR 0412186NG

Caritas Norwood Hospital Caritas Christi Health Care System 800 Washington Street Norwood, MA 02062 (781) 769-4000	Name: DEVINE, CHRISTOPHER M	MR #: NW00126567
	Address: 6 MORGAN ROAD	Acct #: NW0003698701
	City/State/Zip: MANSFIELD, MA 02048	Report #: 0914-0255
	Age: 19 Sex: M	Date of Birth: 11/03/1980
	Attending Dr: Michael B Ginsberg, MD	Location: CL.AMSW.NW
	Date of service: 09/14/00	Room: Bed:
	Admit date:	Discharge date:

CONSULTATION REPORT

DATE OF CONSULTATION: 09/14/00

REFERRING PHYSICIAN: John Shaver, M.D.

REASON FOR CONSULTATION: New positive HIV testing. Please advise with respect to further diagnostic work-up and therapy and follow as needed.

HISTORY OF PRESENT ILLNESS: This is a 19-year-old white male, who was in his usual state of health until approximately, this is somewhat variable, until he at one point essentially stopped smoking in march and he felt somewhat unwell after that, until May to June, when he developed what he calls a mono-like illness, certainly fatigue and has recovered to some degree. He had very sore throat and it was very difficult to swallow. Actually, he was coughing at the time and could cough up some blood. He had swollen glands and attended the ER at Sturdy Hospital when he had hemoptysis. Work up there suggested mononucleosis. See the lab tests below. Subsequently he still had a sore throat and was treated by Dr. Shaver with penicillin, which he said led to a rash. Then he was sent to Dr. Byahatti of ENT, who placed him on clarithromycin and noted thrush and fungal infection in his mouth, for which he was on Nystatin swish and swallow. He seemed to recover to some degree, but because of his behavior began to fear that he could be HIV positive. He underwent anonymous testing in late August and went in to get the result, which was positive. After the initial shock, he came to the emergency room 2 days ago at Caritas Southwood Hospital for work up and was then referred on to me.

The patient himself denies IV drug use, blood transfusions, hemophilia, but is ~~homosexual~~ ^{has no orientation}. He has been sexually active since age 14, including anal receptive intercourse without condom use.

He denies fever, chills or sweats. There are no sore ears, sore throat, a runny nose or a cold. There is no cough, chest pain, or shortness of breath. He does have some dyspepsia, pointing to the lower end of the sternum. It is intermittent. It does respond to Alka Seltzer. He has lost 10 pounds in weight since the mono episode in June. He denies nausea, vomiting, or constipation. He has had diarrhea. It varies from almost formed to watery to both at times, brown, quite gassy, without mucous blood or pus. There is no abdominal pain to speak of or significant back pain. There is no dysuria, frequency, hematuria, cloudy, foul smelling urine, urethral discharge, rash, nor arthritis.

REVIEW OF SYSTEMS: As above.

PAST HEALTH: Otherwise unremarkable.

MEDICATIONS: He is on none.

ALLERGIES: He has only the rash to penicillin.

It states that sexual orientation is none of business in further medical records.

CONSULTATION REPORT
Considered Preliminary Until Signed

CA0412186NG

Caritas Norwood Hospital

Patient Name: DEVINE, CHRISTOPHER M	Medical Record #: NW00126567
Date of Birth: 11/03/1980	Account #: NW0003698701

FAMILY HISTORY: His parents are alive and well. Three siblings are alive and well.

PERSONAL HISTORY: He works at Stop & Shop in Mansfield in the Bakery Department. He goes to Massasoit Community College. During this illness, he has missed a couple of classes leading to an incomplete grade, which was quite bothersome to him, as he considers himself quite a hard worker. He gave up smoking in March, as mentioned above, and worked his way up to a pack and a half to 2 packs per day. There is no significant alcohol. He denies drug use beyond occasional marijuana. A friend has pet dogs and pet cats, but he himself does not associate with any kitty litter. There is no travel beyond the United States, no TB or TB contacts.

ON EXAMINATION, he is awake and alert. Vital signs show a temperature of 97, pulse 64, respiratory rate 16, blood pressure 122/60. His weight is 125-1/2 pounds. Head and neck exam: Ears and eyes are unremarkable. Fundi are normal. Nose and throat show moist mucous membranes. The left tonsil is perhaps large and compatible with age. There is perhaps one area of exudate. Neck was supple. There were nodes up to 1 cm in size, anterior and posterior cervical chains. There were palpable axillary nodes, but he is young and inguinal nodes up to 1 cm in size bilaterally, non-tender. Chest was clear. Cardiovascular: S1 and S2, without S3, S4, murmurs or rubs. Abdomen showed no hepatomegaly. He is quite thin and the spleen tip was palpable on full inspiration, down about 1 cm or so, soft, non-tender. There was no other tenderness, no masses, no costovertebral angle tenderness, no back tenderness. Extremities were without clubbing, cyanosis or edema.

LABORATORY DATA: We have 2 sets of tests which Dr. Shaver kindly provided, in which it was seen when he was at Sturdy Hospital to have a white blood cell count, which at one point was as low as 4,700, platelet count of 81,000, at that point. These have all recovered. He had 57 segs, 29 lymphs, 1 atypical lymph on that particular time. He had multiple other CBCs done, including the most recent, which I will describe below. At that time mono screen was positive, as was a strep screen of the throat. Subsequently he was followed up at the ancillary health center. Liver function tests were normal at that time. T4 was 7.0 with a TSH of 3.81.

More recently, 2 days ago he was tested here. CBC showed white count of 8.500, hemoglobin 13.8, platelet count of 228,000, 60 polys, 27 lymphs. Sodium was 142, potassium 3.9, chloride 103, CO2 24. BUN was 11, creatinine 0.7, calcium 8.6, albumin 3.9, bilirubin 0.5, AST 17, ALT 29, alkaline phosphatase 72. Urinalysis showed it was small for bilirubin. Bilirubin was only 0.5 level in the blood, otherwise was unremarkable. Chest x-ray was normal.

Other tests that have been drawn or are being drawn include, HIV viral load, hepatitis screen, Toxoplasma g titer, stool work up for white cells, C&S, O&P, including Microsporidia.

Pneumococcal vaccine 0.5 cc IM was given today.

The patient and I had a very long discussion about the etiology of HIV, the mechanism in which he acquired it, the mechanisms of transmission and non transmission, contact notification, telling the family, friends and co-workers, who to tell and who not to tell, discussion about potential treatments and the prognosis. This was a very lengthy discussion that went on. The whole history and physical examination and discussion went on for over 2 hours.

Two notes were given, one for work to say it is safe for him to work at Stop & Shop, and one for school to ask for consideration because of the tiredness he is feeling. Once we have all of these lab tests back in the next couple of weeks, he is going to return when we will decide on a course of action. A pneumococcal vaccine was given today. His tuberculin skin test was read as 0.

CONSULTATION REPORT
Considered Preliminary Until Signed

CA 04 12186 NG

Caritas Norwood Hospital

Patient Name: DEVINE, CHRISTOPHER M	Medical Record #: NW00126567
Date of Birth: 11/03/1980	Account #: NW0003698701

Cc: John C. Shaver, M.D., Mansfield Health Center
Cc: Michael B. Ginsberg, M.D.

Dictated by: Michael B Ginsberg, MD Date: _____

D: 09/14/00 1226
T: 09/14/00 1911
P: / S:
MEG

CONSULTATION REPORT
Considered Preliminary Until Signed